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PATENT

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UNITED STATES PATENT APPLICATION

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MEDICAL PORT FOR AN EMERGENCY SAFETY RESUSCITATOR

CROSS-REFERENCE TO RELATED APPLICATION

This is a continuation-in-part of copending U. S. application serial no. 09/570,154, filed on 5/12/2000, which will issue as United States patent no. 6,276,363 and which was a continuation of U. S. application serial no. 09/193,424, filed on 11/17/98, which issued as United States patent no. 6,062,217.

09/570,154 - 00001

BACKGROUND OF THE INVENTION

FIELD OF THE INVENTION

This invention relates to a medical device and more particularly to a port to provide access to administer medicine or insert medical instruments into the throat of a patient while such patient is being treated with a resuscitator, *i.e.*, a manually operated device utilized to provide emergency ventilatory assistance to facilitate the breathing of a sick or injured patient.

DESCRIPTION OF THE RELATED ART

The inventor is unaware of any prior art medical device which incorporates the ability to provide endotracheally administered medications to, or insert medical instruments into the throat of, a patient .

United States patent no. 5,575,279 of Douglas K. Beplate describes an isolation valve to be used by a care giver who is blowing such care giver's own breath into the lungs of a patient. The isolation valve of that patent employs a check valve to force the breath of the patient through an exhalation filter before such breath can reach the surrounding environment.

SUMMARY OF THE INVENTION

1 The prior invention inserts, between a source of air or oxygen and a patient a collapsible
2 bag and a connecting complex. A nebulizer or aerosolizer for providing medication can be
3 attached to the connecting complex. Additionally, the connecting complex includes an aperture
4 with a removably attached self-sealing membrane through medications can be administered with
5 a syringe. When the self-sealing membrane has been removed, a suction catheter may be placed
6 through the aperture.

7 The connecting complex can communicate with the patient either through a mask or an
8 endotracheal tube.

9 A one-way valve precludes liquids or gases expelled by the patient from reaching either
10 the point of attachment for the nebulizer and aerosolizer or the collapsible bag.

11 A filtered exhaust aperture permits the exhaled breath of the patient to reach the
12 atmosphere. A carbon dioxide detector placed in the exhaust aperture indicates whether the
13 patient is breathing.

14 And utilizing a filter that has both a hydrophobic segment and a hydrophilic segment
15 minimizes that chances that a harmful microorganism that associates with liquids will enter the
16 surrounding environment.

17 The present invention makes the portion of the connecting complex that includes an
18 aperture with a removably attached self-sealing membrane through medications can be
19 administered with a syringe available as a separate unit for connection to the collapsible bag of
20 any resuscitator.

BRIEF DESCRIPTION OF THE DRAWINGS

1 Figure 1 illustrates the Portable Emergency Safety Resuscitator.

2 Figure 2 shows a carbon dioxide detector attached to the exhaust aperture of the Portable
3 Emergency Safety Resuscitator.

4 Figure 3 depicts a filter having a hydrophobic segment and a hydrophilic segment that are
5 adjacent to one another.

6 Figure 4 portrays a filter having a hydrophobic segment and a hydrophilic segment
7 spaced apart from one another.

8 Figure 5 shows the tube used as a medical port with the collapsible bag of any
9 resuscitator.

DESCRIPTION OF THE PREFERRED EMBODIMENT

1 The present invention can utilize a collapsible bag 1 having an inlet 2, a major outlet 3,
2 and a minor outlet 4. Attached to the major outlet 3 of the collapsible bag 1 and communicating
3 with the interior 5 of the collapsible bag 1 is a first arm 6 of a hollow three-armed connector 7.

4 A second arm 8 of the hollow three-armed connector 7 is available for attachment to a
5 nebulizer or aerosolizer 100. The open end 9 of the second arm 8 is preferably sized to
6 accommodate commercially available nebulizers and aerosolizers 100.

7 A first end 10 of a flexible tube 11 is attached to the minor outlet 4 of the collapsible bag
8 1. A second end 12 of the flexible tube 11 may be attached to a nebulizer or aerosolizer 100. If
9 no nebulizer or aerosolizer 100 is employed, the second end 12 of the flexible tube 11 is attached
10 to the open end 9 of the second arm 8 of the hollow three-armed connector 7.

11 The inlet 2 of the collapsible bag 1 is available to be releasably connected to a source of
12 air or, preferably, oxygen. When such connection has been made, oxygen can flow into the
13 interior 5 of the collapsible bag 1, through the collapsible bag 1, through the major outlet 3 of the
14 collapsible bag 1, and into the first arm 6 of the hollow three-armed connector 7.

15 Oxygen can also flow through the minor outlet 4 of the collapsible bag 1 and through the
16 flexible tube 11. If the flexible tube 11 has been connected to a nebulizer or aerosolizer 100, the
17 oxygen will then enter the nebulizer or aerosolizer 100 and carry medication from such nebulizer
18 or aerosolizer 100 into the second arm 8 of the hollow three-armed connector 7. If no nebulizer
19 or aerosolizer 100 has been attached to the open end 9 of the second arm 8 of the hollow three-
20 armed connector 7, the flexible tube 11 is attached to a first end 13 of a hollow adapter 14; and a
21 second end 15 of the hollow adapter 14 is connected to the second arm 8 of the hollow three-
22 armed connector 7. Oxygen can then flow from the flexible tube 11, through the hollow adapter
23 14, and into the second arm 8 of the hollow three-armed connector 7.

24 Preferably, the major outlet 3 and the minor outlet 4 are of such sizes that the flow of
25 oxygen through the major outlet 3 is 17 liters per minute; and the flow of oxygen through the
26 minor outlet 4 is 8 liters per minute when the collapsible bag 1 is receiving oxygen at a typical
27 rate of flow from a source of oxygen. Also, the collapsible bag 1 may be squeezed by a care
28 giver to vary the rate of flow of oxygen.

1 Attached to and communicating with a third arm **16** of the hollow three-armed connector
2 **7** is a first end **17** of a housing **18** containing one-way valve **19** to permit air, oxygen, and
3 medication to flow toward the patient but to preclude the transmission of liquids or gases flowing
4 from the patient.

5 Preferably, the housing **18** also contains, between the one-way valve **19** and the second
6 end **20** of the housing **18**, an exhaust aperture **21** through which the exhaled breath of the patient
7 can reach the atmosphere. Also preferably, a filter **22** covers the exhaust aperture **21** to minimize
8 the possibility that contaminants from the patient will enter the atmosphere.

9 And the hollow three-armed connector **7** is preferably T-shaped.

10 Attached to and communicating with a second end **20** of the housing **18** is a first aperture
11 **23** of a tube **24**. The tube **24** is preferably L-shaped. And the hollow three-armed connector **7**,
12 the housing **18**, and the tube **24** are preferably constructed of rigid clear plastic.

13 A second aperture **25** of the tube **24** is releasably covered by a self-sealing membrane **26**.
14 The self-sealing membrane is preferably siliconized.

15 To a third aperture **27** of the tube **24** may be connected either a mask or an endotracheal
16 tube.

17 When the endotracheal tube is employed, the needle of a syringe can be inserted through
18 the self-sealing membrane **26**, through the second aperture **25**, through the tube **24**, through the
19 third aperture **27**, and into the endotracheal tube so that medications can be pushed from the
20 syringe into the endotracheal tube for the patient.

21 Alternatively, when the self-sealing membrane **26** has been removed from the second
22 aperture **25** of the tube **24**, a suction catheter may be inserted through the second aperture **25**,
23 through the tube **24**, through the third aperture **27**, and through the endotracheal tube to remove
24 fluids such as blood, emesis, and secretions from the patient's airway in order to permit the
25 patient to breathe.

26 Preferably, first ends **28** of strips of flexible plastic **29** are attached to the inside **30** of the
27 tube **24** between the first aperture **23** and the second aperture **25**. The second ends **31** of the
28 strips of flexible plastic **29** push against one another so that when a suction catheter is inserted, a
29 seal is formed between the inside **30** of the tube **24** and the suction catheter to preclude
30 contamination from the patient escaping into the atmosphere. The location of the strips of

flexible plastic 29 prevents their interfering with the flow of oxygen from the first aperture 23 to the third aperture 27.

The present invention, furthermore, makes the tube 24 available as a separate unit to attach directly to and communicate with the collapsible bag 1 of any resuscitator. A hollow adapter 37 has a first end 38 that attaches to and communicates with the outlet 39 of the collapsible bag 1 and a second end 40 which attaches to the tube 24 around the first aperture 23. Preferably, the hollow adapter 37 is constructed of rigid clear plastic.

Optionally, as illustrated in Figure 2, a carbon dioxide detector 32 is inserted into the exhaust aperture 21. The carbon dioxide detector 32, of course, indicates, in any manner that is well known in the art, the presence of carbon dioxide, which shows that the patient is breathing.

The carbon dioxide detector 32 is so constructed as not significantly to impair the flow of the exhaled air and can optionally contain its own filter, which, for clarity, is designated the detector filter 33.

Preferably, the filter 22 and the detector filter 33 consist, as shown in Figure 3, of a first segment 34 that is hydrophobic and a second segment 35 that is hydrophilic in order to retard the passage of moisture, which frequently contains harmful microorganisms. The first segment 34 and the second segment 35 can be adjacent to one another, as depicted in Figure 3, or can have a space 36 between each other, as shown in Figure 4. And, also, preferably, the first segment 34 is installed nearer to the patient than is the second segment 35.